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Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

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Online Supplement: Impact of an online breathing and wellbeing programme (ENO Breathe) in people with persistent symptoms following COVID-19: a randomised controlled trial

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Supplementary Table 1: Baseline characteristics of participants included in full participation only modified per protocol analysis

	ENO Breathe (ENO) (n=40)	Usual Care (UC) (n=42)
Age (mean (SD))	49·38 (12·19)	51·85 (12·27)
Gender (n (%))		
Female	31 (78%)	36 (86%)
Male	8 (20%)	6 (14%)
Other gender/prefer not to say	1 (3%)	0 (0%)
Ethnicity		
White	36 (90%)	35 (83%)
Black or Black British	1 (3%)	4 (10%)
Asian or British Asian	1 (3%)	3 (7%)
Mixed/multiple ethnic backgrounds	0 (0%)	0 (0%)
Other	0 (0%)	0 (0%)
Prefer not to say	2 (5%)	0 (0%)
English Spoken as Other Language (n (%))	1 (3%)	4 (10%)
BMI (mean (SD))	26·10 (5·83)	25·58 (5·87)
Number of comorbidities (median (IQR))	0.50 (0 to 1)	1 (0 to 1)
Number of days since Covid-19 symptoms started (mean (SD))	347·02 (123·27)	327·57 (124·99)
Hospitalised (n (%))	2 (5%)	8 (19%)
Not hospitalised (n (%))	38 (95%)	34 (81%)
Other Long COVID treatments (components of Usual Care)		
Physiotherapy	14 (35%)	13 (31%)
Speech and Language Therapy (SALT)	0	1 (2%)
Occupational Therapy	1 (3%)	0
Clinical Psychology	1 (3%)	1 (2%)
Respiratory nurse	0	1 (2%)
Complementary therapies	5 (13%) (Yoga (1), Osteopathy (2), acupuncture (1), vitamin supplements (1))	3 (7%) (Yoga (1), meditation (1), vitamin supplements (1))
Medications (n (%))		
Oral Medications (incl· analgesics, betablockers, and PPIs)	3 (8%)	2 (5%)
Inhalers	2 (5%)	4 (10%)
Waiting for physio/SALT (n (%))	4 (10%)	2 (4%)

No current active treatments directed at Long COVID symptoms (n (%))	14 (25%)	19 (45%)
Self-reported perceived barriers to participation at baseline (n (%))		
None	38 (95%)	39 (93%)
Perceived barrier	2 (5%)	3 (7%)
Outcome measures (mean (SD))		
RAND SF-36 MHC Score	30·88 (10·41)	36·23 (7·78)
RAND SF-36 PHC Score	32·97 (7·41)	33·83 (6·74)
CAT score	20·13 (7·02)	17·52 (5·69)
Anxiety (GAD-7)	8·43 (5·40)	5·62 (4·17)
Dyspnoea 12	14·40 (6·90)	14·48 (7·26)
VAS Dyspnoea Rest	22·63 (20·78)	23·00 (20·77)
VAS Dyspnoea Walking	33·08 (22·25)	37·79 (23·24)
VAS Dyspnoea Stairs	52·67 (24·59)	56·02 (25·42)
VAS Dyspnoea Running	76·60 (27·79)	82·48 (18·16)

Data shown are mean (SD), or if appropriate, median (IQR)/number (%) as indicated· BMI, body mass index; SF-36, RAND Short Form 36 Health Survey; GAD-7, Generalised Anxiety Disorder-7 questionnaire; CAT, COPD Assessment Test;

Supplementary Table 2: Comparison of baseline data from modified per protocol participants vs non-modified per protocol participants

	MPP (n=82)	Non MMP (n=68)	P value for between group difference
Age (mean (SD))	50·65 (1·35)	47·59 (1·45)	0·13
Gender			0·58
Female	67 (81·7%)	54 (78·4%)	
Male	14 (17·1%)	12 (17·6%)	
Other gender/prefer not to say	1 (1·2%)	2 (2·9%)	
BMI (mean (SD))	25·83 (SD 5·82)	29·50 (8·03)	**0·002**
Ethnicity			0·07
White	71 (86·6%)	51 (75·0%)	
Minority ethnic group or prefer not to say	11 (13·4%)	17 (25·0%)	
English Spoken as Other Language**			0·17

Yes	5	6	
No	77	39	
Number of comorbidities (median (IQR)	1 (0 to 1)	1 (0 to 1.5)	0·36
Number of days since Covid-19 symptoms started (mean (SD))	337·06 (123·77)	300·32 (129·67)	0·079
Hospitalisation during acute illness			0·068
Hospitalised	10 (12·2%)	16 (23·5%)	
Not hospitalised	72 (87·8%)	52 (76·5%)	
Outcome measures (mean (SD))			
RAND SF-36 MHC Score	33·62 (9·49)	30·18 (10·45)	**0·036**
RAND SF-36 PHC Score	33·41 (7·04)	30·26 (7·52)	**0·009**
CAT score	18·79 (6·47)	22·13 (7·10)	**0·003**
Anxiety (GAD-7)	6·99 (4·98)	9·15 (6·00)	**0·017**
Dyspnoea 12	14·44 (7·04)	17·78 (7·77)	**0·007**
VAS Dyspnoea Rest	22·82 (20·65)	27·68 (22·55)	0·17
VAS Dyspnoea Walking	35·49 (22·75)	45·01 (27·42)	**0·021**
VAS Dyspnoea Stairs	54·39 (24·92)	65·94 (24·97)	**0·005**
VAS Dyspnoea Running	79·61 (23·40)	86·22 (24·08)	0·091

Data are presented as mean (SD), or number (%) as appropriate. P values are for between group differences using t-test, Mann-Whitney U test, or Chi Square. *Collapsed into single group due to small numbers in subgroups. **note 127/150 responses to this question. MPP, Modified Per Protocol which refers to individuals who participated in all ENO Breathe sessions, either as part of their study arm allocation (intervention arm) or when offered the programme subsequently (Control Arm)

Supplementary Table 3: Sensitivity analysis comparing outcomes between study arms, with missing data imputed using baseline observation carried forward

	ENO Breathe (ENO) (n=74) baseline to follow up change			Usual Care (UC) (n=74) baseline to follow up change				
Outcome Variable	Baseline	Follow-up	Change	Baseline	Follow-up	Change	Regression coefficient (95% CI)	p-value
RAND SF-36 MHC Score	30·89 (10·20)	33·68 (11·37)	2·79 (6·54)	33·21 (9·83)	33·94 (10·15)	0·73 (6·41)	1·760 (-0·31 to 3·83)	0·095
RAND SF-36 PHC Score	31·77 (7·44)	33·12 (9·05)	1·35 (5·16)	32·18 (7·41)	33·25 (8·25)	1·06 (5·10)	0·26 (-1·39 to 1·92)	0·75
CAT score	21·30 (7·18)	19·04 (8·11)	-2·26 (5·29)	19·34 (6·60)	18·03 (7·08)	-1·32 (4·46)	-0·66 (-2·23 to 0·91)	0·41

Anxiety (GAD 7)	8·57 (5·54)	7·51 (5·53)	-1·05 (2·63)	7·38 (5·54)	7·36 (5·24)	-0·03 (3·88)	-0·78 (-1·80 to 0·23)	0·13
Dyspnoea 12 total	16·08 (7·25)	13·65 (8·43)	-2·43 (4·85)	15·83 (7·86)	13·53 (7·33)	-2·30 (5·51)	-0·08 (-1·70 to 1·53)	0·92
VAS Dyspnoea Rest	23·32 (20·73)	25·77 (24·21)	2·45 (17·93)	26·67 (22·41)	23·87 (22·99)	-2·80 (18·45)	4·39 (-1·24 to 10·01)	0·13
VAS Dyspnoea Walking	38·51 (23·88)	33·88 (26·02)	-4·64 (18·77)	41·07 (26·78)	37·25 (26·12)	-3·82 (17·44)	-1·40 (-6·96 to 4·17)	0·62
VAS Dyspnoea Stairs	60·18 (24·12)	51·50 (28·03)	-8·68 (21·01)	59·09 (26·96)	53·57 (25·99)	-5·53 (20·40)	-2·86 (-9·18 to 3·46)	0·37
VAS Dyspnoea Running	83·53 (23·19)	75·66 (26·91)	-7·86 (20·39)	81·71 (24·62)	82·37 (21·79)	0·66 (19·25)	-7·94 (-13·86 to -2·02)	**0·009**

RAND SF-36, RAND Short Form 36 Health Survey; MHC, Mental Health Composite score; PHC, Physical Health Composite score; GAD-7, Generalised Anxiety Disorder-7 questionnaire; CAT, COPD Assessment Test; VAS, Visual Analogue Scale

Participant Experience: Extended Methods and Results

Qualitative data collection

Qualitative data consisted of transcriptions of three focus groups conducted after the 3rd ENO Breathe group session of the intervention arm only, email correspondence, and free-text responses from the end of programme evaluation forms from both study arms following ENO participation (129 participants). These are all pre-existing components of the continuous ENO Breathe programme evaluation, hence utilising these data sources ensured research participation was similar to the normal programme.

Focus groups were conducted online by appropriately trained and experienced members of the ENO evaluation team, were semi-structured (see topic guide), documented using live transcription, lasted 15 to 25 minutes each, and included all those in attendance in the session (n=52). Participants who were not present were encouraged to provide feedback via email.

Qualitative Analysis

KEJP, HO and NSH conducted a thematic analysis based on that described by Braun and Clarke[1]. Data were read and re-read for familiarisation. Initial coding and preliminary theme development was completed independently. Initial coding was largely open given the exploratory nature of the qualitative. These codes were then refined using the context provided by initial readings. These codes were grouped, and preliminary themes developed. KEJP and HO then came together to discuss, refine, reorganise and name the agreed themes, with further input from NSH.

Themes were reviewed with all the co-authors and the project steering committee, which includes patient experts, as a form participant validation. Data analysis was completed manually in Microsoft Excel. Age and gender are provided in brackets following quotes for context.

Qualitative Results

Three key themes were identified regarding ENO Breathe participation, which were 1) Improving symptoms; 2) complementary to standard health care services; and 3) singing and music particularly suitable.

Theme 1: Improving Symptoms

The majority of respondents reported improvements in their symptoms which they attributed to participation in the ENO Breathe programme. Most commonly these related to breathlessness on exertion and anxiety, though poor sleep, concentration, and voice abnormalities were noted by a small number. Symptom improvements were described as having three main drivers. Firstly, from learning practical and effective techniques for acute symptom management that could be applied in daily life; secondly, providing calming and enjoyable experiences during the sessions; and thirdly, by changing the way participants experienced their condition more generally. Reducing their symptom burden was highly valued by participants, who frequently commented on how this enabled them to participate more fully in their normal lives *'They have increased what I can do (female, 51yrs)*'.

> *'After feeling quite hopeless in terms of some of my symptoms, I now feel far better equipped to try techniques and even to relax more, allowing my body to feel how it feels. I also have a new found love of opera too having explored more music than I have in a while (female, 44yrs)*

Sub-theme 1a) Providing practical and effective tools for daily life

Many participants reported the singing and breathing exercises were practical and effective techniques for reducing symptoms in daily life - *'It's fantastic that you can transfer it from our sessions into your daily lives'*(*female, 38yrs).* Breathlessness on exertion was often reported *'I'm quite relaxed with my breathing when I'm relaxed, my problem is from the minute I start to exert' (female, 27yrs)*, and was also the most frequently identified symptom for which the techniques learnt could be applied

> *'The humming has helped me no end at work this week. I can finally make it to the top of a flight of stairs without gasping.' (female, 44yrs)*

> *'I think the sessions have enabled me to do a lot more, by actually using the breathing exercises I actually pushed a wheelbarrow up a little hill with my breathing exercises, which is something that two months ago I would have struggled to move my body up let alone carry a load in some way' (female, 51yrs)*

> *'…everything that we've done exercise-wise, you can do it anywhere. I was out for a walk after the first session, I think it was, and normally I would have given up but I sat down on a bench and I did the exercises and then I carried on, which was a real big thing for me.' (male, 52yrs)*

Comments related to improving mental health due to participation were very common- *'improved my mental health'(other, 30yrs)*. These related to using the tools in daily life, *'knowing you've got these little tools to help you relax when you know you're getting anxious, is really useful' (female, 60yrs)* and *'I've sometimes recited the phrases in my head - just the tune - to calm me.' (female 50yrs),* but also the immediate impacts of participation,

> *'By the end of the session, I feel relaxed and calm….The structure and pace of the Breathe session is so calming, and working on both breath and areas of tension or pain like neck and shoulders provides immediate relief…..They're a lifesaver. They're like an oasis of calm in a very stressful week.' (female, 53yrs)*

Which influenced experience outside of the sessions,

> *'I think for me it actually lifts my mood, it makes me feel happy. And then I end up walking around singing the songs.' (female, 42yrs)*

> *'It's the same with me. I just sing along during the day, from morning to evening. Singing 'Abiyoyo' (song) or something, and it's just really lovely, it makes me feel happy.' (female, 76yrs)*

Additionally, these elements of breathlessness and anxiety were frequently described as interrelated, hence the mind-body approach employed was seen as particularly important

> *'I have needed to do the exercises during the week. I found myself breathing more and more shallowly as I got stressed or tired on several occasions and needed a 'quick fix'(female, 53yrs)*

> *'...the exercises....are helping a lot. Just during the course of my day when I find myself struggling, I've got some techniques to try in the moment, and they usually do help a lot, actually. Even if it's just calming you down or stop you from panicking. Because I think when I struggle to breathe, which is getting less and less often now, but you can just feel a bit panicky.' (female, 57yrs)*

Less often, but of interest, some participants attributed improvements in other symptoms to ENO participation, including difficulty sleeping, concentration, and voice production issues

> *'if I can't sleep, when I'm lying in bed I'll start doing the exercises'(female, 44yrs)*

> *'Feeling more relaxed, improved concentration compared to the beginning'(female, 51yrs)*

> *'In particular for me the voice exercises and singing have helped my voice which has caused me problems for the last 14 months. If I talked for too long, ie 1-2 short conversations, I would get a sore throat and go hoarse and this could last anything from 2-6 hours. This is now happening only very rarely and I can see a huge improvement.' (female, 62yrs)*

Subtheme 1b) Changing the experience of their condition

Many participants also related reductions in their symptoms, and the negative impacts on their lives, to changing how they experience their condition *'[it] makes me think about my breathing in a different way'(female, 37yrs)*. Including breaking negative mind-body feedback loops, fostering positive ones, building a sense of control, and increasing confidence regarding symptoms that arise, *'Although I still have symptoms, I feel like I can use a range of techniques to help me through them.' (female, 27yrs).* Central to this shift in perspective was increasing an individual's sense of control and self-efficacy, which was often linked to the techniques learnt:

> *'understanding that you can control your mood with your breath, and can control your day almost, decide how you're going to feel by sitting down and breathing a bit or putting some music on. That can be a real game changer for how you're feeling in the day. I think it's incredibly powerful'(female, 49yrs)*

> *'It has given me the confidence outside of these sessions to remember that I can breathe and rely on the techniques that we're taught' (female, 32yrs)*

'The difference in my confidence both at home and work has been amazing. I wish I could of accessed this course earlier on in my Covid journey - I feel it would of helped me return to work sooner. Everything I have learnt helps me in my day to day life.' (female, 44yrs)

A small but substantial number of individuals mentioned how ENO Breathe occasionally exacerbated certain symptoms, particularly fatigue, with chest discomfort and dizziness also mentioned. These were described as relatively minor time-limited negative impacts, which could be managed by pacing or limiting aspects of physical engagement. Importantly, despite these negatives, net impacts were felt to be overwhelmingly positive: *'I actually come away feeling tired, but replenished from it as well' (female, 44yrs)* and *'I loved the singing and although I often felt very tired after a session, I felt calm & uplifted in my spirit.' (female, 59yrs), 'I love them, I'm just really not up to them - even little participation wipes me out but I want to continue because of the overall benefits'(female, 59yrs)*. One participant did not experience benefits and found the dizziness excessive, so withdrew from the programme *'Unfortunately, so far they don't improve my health at all and in fact makes me slightly dizzy staring directly at the computer screen for an hour.' (male, 43yrs)*

Theme 2: Complementary to standard healthcare services

ENO Breathe was frequently described as complementary to the standard healthcare services, by addressing gaps in the provision of care. This was perceived as resulting from the programme being specifically designed for people with Long COVID, providing continuity over time, and facilitating interpersonal connections. Where the content did overlap, there was no mention of contradictory advice or practices,

'I'm doing it (long Covid physiotherapy sessions) with [healthcare provider] and they have different stretching exercises with breathing, that I also do every day with the ones I'm doing from ENO…I think the two together works really well.' (female, 76yrs)

Subtheme 2a) Designed specifically for Long Covid

Multiple participants emphasised the importance that ENO Breathe was *'something that has been designed for people like us' (female, 49yrs)*, rather than just applying an intervention for a different condition without due consideration for the specific experiences of these individuals. The content, format, style of delivery, and atmosphere created were often highlighted as being integral to the health and wellbeing improvements attributed to participation:

'there has been so little treatment for so many of us, and I really like that it's a programme designed for us….. I'm so glad that someone cares that I have Long Covid' (female, 44yrs)

The programme's tone was identified as contrasting with healthcare services, and that difference was experienced as therapeutic in itself, '*receiving positive, humane attention and care, which has been sorely lacking for people with Long Covid' (female, 44yrs),* and *'it's the humanising of the experience' (female, 49yrs)*. This was described as creating a feeling of being cared for.

'It feels like we're being looked after, it doesn't feel like yet another appointment which you've got to get through…. It feels like you're wrapped in cotton wool, almost, for the session - it's very good.' (female, 44 yrs)

'thanks for caring, it's definitely something that we don't often encounter, people who care (and believe us!).' (female, 39yrs)

The online resources and emails through the week between sessions helped people to stay engaged on their own terms, at their own pace, which helped those experiencing fatigue and 'brain-fog'. Participants also reported that the focus was notably different from standard healthcare provision:

> *'the thing that works really well is the way she (session leader) connects mind/body experience, which is something that I think in hospitals doctors don't do. They're getting better at it, but there's always been a resistance to that.' (female, 49yrs)*

> *'I think often rehabilitation programmes are heavy, they make us focus on recovery (of course and that's great!) but the way this programme ran it made me approach my recovery with a smile on the face during the sessions. It improved my mood immediately after the sessions.' (female, 39yrs)*

One participant in particular, articulated clearly how these aspects come together, which was echoed by others,

> *'Ultimately my strongest feeling about ENO Breathe is that it is so powerful because it responds to our illness humanly, openly, and richly, through emotions, embodiment, culture, art, ideas ... whereas medical spaces (if we even manage to access them, which is hard enough) can be so alienating and emotionally and spiritually empty - so averse to treating the whole experience, the whole person. I felt that ENO Breathe has been healing for the trauma I have experienced and continue to experience: of having an unknown illness, not knowing if I will ever getting better, and of receiving barely any medical care, for over a year' (female, 44yrs)*

Subtheme 2b: Continuity and Connection

Continuity, was often identified as a particular strength of the ENO Breathe programme, which was otherwise missing from their experience in healthcare settings:

> *'I find that in the last 2 years, I've never seen the same person twice, and I keep going and having to see different people, so it's just really nice to have continuity, that has been the biggest thing for me.' (female, 36yrs)*

> *'Prior to joining ENO, I had seen countless doctors. It felt like I was starting from scratch every time I had a new appointment and I was often being given contradictory/different information. It was really hard to feel like I was moving forward or that I had a recovery plan to work with. Being in a group like ENO where I was amongst people with similar symptoms and building up progress, week by week was so important to me. The solidarity of the group and [session leader's] patience and empathy were incredibly beneficial. I would recommend this programme to anyone with Long-Covid.' (female, 36yrs)*

Continuity also contributed to a sense of interpersonal connectivity which was greatly valued by participants, both between each-other, and with session leaders. This was often described as missing from interactions in other healthcare services, hence the ENO programme helped address this perceived gap in care. The connection between participants was most frequently founded on shared experiences:

'it's quite validating to know that other people are going through the same thing,' (female, 25yrs) and *'I feel as though I'm a little bit part of a tribe now.' (female, 60yrs)*

The importance of social connections, and the level of understanding experienced, often sat in contrast to experiences in standard healthcare contexts

> *'I feel you're telling them the same thing over and over, and what's the use. They've not had Covid so they don't understand. Even my GP said to me the other day, "well we don't have a magic wand" and I said to him "I find that offensive. I'm not asking you to have a magic wand to make me better, I just want you to understand what I'm going through"' (female, 68yrs)*

Singing with other people was highlighted as having a particular capacity to create a feeling of interpersonal connection, which links with Theme 3,

> *'I agree, I think the singing. I've been doing the breathing exercises, but I think it was the singing which is very soothing. Although we're on mute, there's something very special about singing together. It makes you really feel like you're sharing your issues, even though we're on mute. Very interesting.' (female, 58yrs)*

Peer support and general discussion about symptoms and experiences are not part of the programme, and there were contrasting views as to whether they should feature as a method of increasing connection and support. Although some proposed having more time to discuss their illnesses, others felt quite differently *'That's a completely different thing really. I'm not going to take these relationships beyond the group…. This is not a group support session, and I understand that.' (female, 57yrs),* and *'Zoom limits the group chatter and it is not a self-help group, if it was, I probably wouldn't have joined (female, 51yrs).'*

Theme 3: Singing and music particularly suitable

> *'Music is such a special tool and I love that it has helped my recovery' (female, 44yrs)*

Participants frequently identified the use of music and song as being a particularly suitable medium through which to support their recovery. This appeared to be the case for those with and without any prior interest in singing, or music more generally. Key aspects of this perceived suitability were the interrelated aspects of enjoyment, emotional engagement, and the ability to engage with the breath without focusing on the breath.

Subtheme 3a: Enjoyment

Participation being enjoyable due to the use of music and song was the core of why people engaged so enthusiastically, despite challenges and potential barriers to participation relating to their symptoms,

> *'it's the joy of singing again but in a really simple gentle way. I absolutely love it, and I can't wait each week to do a little bit of singing.' (female, 44yrs)*

> *'the singing, I've found one of the benefits is joyfulness - you end it feeling really happy and that you've achieved something'(female, 44yrs)*

Participants also commented on enjoying the music selection, beyond the enjoyment of participation,

'the lullabies are just out of this world; I've thoroughly, thoroughly enjoyed the lullabies…… I think the sessions are just amazing - I don't know what I was expecting, but I don't want it to end.' (female, 60yrs)

'Personally I've found the songs the most beneficial for me. I'm always so excited for what we're going to learn next, and there's so much enjoyment from it.' (female, 32yrs)

'…the pieces of music you send midweek have all been so beautiful and I listen to them more than once. It just gives you a sense of wellbeing. The voices and the music have just been absolutely beautiful.' (female, 69yrs)

Subtheme 3b: Emotional engagement

Music enabled a level of emotional engagement which was greatly valued by some participants,

'Yeah, I also found the first one very emotional, you know it was the singing, the actual singing. And afterwards I had a big cry, but it felt really good. Really good to just open my heart in that way and I'm absolutely loving them.' (female, 59yrs)

And,

'I think it helped me in ways I hadn't expected - it helped me get in touch with the sadness and emotions I have about my illness through the music.' (female, 52yrs)

Subtheme: engaging with the breath without focusing on the breath

Singing was often described as a way of engaging with the breath without focusing on breath *'the singing helps - it's like you're breathing without thinking.' (male, 60yrs)*, which was an important aspect of how the techniques were able to reduce symptoms (Theme 1).

'singing helps my breathing. Whereas when I sit down and try to do breathing exercises, I don't want to sit there and focus on trying to do something that I should be able to do naturally. But singing is a fun way of doing it, which I'm finding really helpful.' (female, 47yrs)

'..because you're doing something where you're not actually focusing on your breathing, but you are doing it automatically. So I'm finding it easier to take deeper breaths, where as before I couldn't take a deep breath without having a coughing fit. So, I'm finding the singing the best part.' (female, 38yrs)

A few comments related to being initially unsure about singing,

'...the fear of coming here and singing, when I can't sing, and can't breathe at the same time; but now I do the breathing exercises and singing, and not thinking about it, which is amazing.' (female, 51yrs)

'..this has become a really positive strategy for me. I hadn't really engaged with music at all, but that's something that's always there for me now. So even if I maybe don't have the energy to sing, I can listen to other people singing and that's really helpful' (female, 51yrs)

Of note, certain barriers to participation were reported. For the more symptomatic participants barriers related mainly to fatigue, while the less symptomatic described finding the time challenging while balancing work and family commitments. Of note, people who found barriers prohibitive to participation and withdrew from the study would not have had their views represented here, therefore further barriers could exist.

Focus Group Topic Guide

- How are you feeling generally about the sessions?
- What are you finding most useful in the sessions?
- Have you referred to the online resources? From the different tools online (lullabies to sing along to, lullabies to listen to, calming playlists, the exercises) which ones are most useful?
- Have you been able to do the exercises between sessions? Are there any barriers to that?
- We are aware we are only midway through the programme but at this stage would anyone like to share any impact they've noticed on how they're feeling or impact on any symptoms you've experienced?
- Is there anything we could do differently?

References

1. Braun V, Clarke V.,. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006;3(2):77-101. doi: 10.1191/1478088706qp063oa